

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094798

FILED
Apr 21, 2009
Secretary of State

Entity Name: ASSET LEVERAGING, LLC

Current Principal Place of Business:

2459 CHENEY HWY
SUITE 54
TITUSVILLE, FL 32780

New Principal Place of Business:

2459 CHENEY HWY
STE 54
TITUSVILLE, FL 32780

Current Mailing Address:

2459 CHENEY HWY
SUITE 54
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 26-3541767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, DEON T
1685 TICONDEROGA CT.
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, DEON T
Address: 1685 TICONDEROGA CT.
City-St-Zip: TITUSVILLE, FL 32780

Title: P () Delete
Name: WILLIAMS, DEON T
Address: 1685 TICONDEROGA CT.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEON T WILLIAMS P 04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date